

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90084 028 ****61.25

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1. Corporation Name

ST. PETERSBURG/CLEARWATER AREA SPORTS FOUNDATION
, INC.

Principal Place of Business

14450 46TH ST NO
SUITE 108
CLEARWATER FL 33762
US

Mailing Address

P.O. BOX 515
ST. PETERSBURG FL 33731-0515
US



478965 - 90084 - 28



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

59-3252258

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ENGLANDER & FISCHER, P.A.
5959 CENTRAL AVE
SUITE 201
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

921 First Avenue North

83

84 City St. Petersburg

FL

85 Zip Code 33713

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME REPPER, JR W
STREET ADDRESS 3268 SAN MATEO ST
CITY-ST-ZIP CLEARWATER FL 33759

TITLE DC
NAME ADAMS, JEFFREY M
STREET ADDRESS 360 CENTRAL AVE SUITE 1100
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D
NAME COREY, ALFRED E JR
STREET ADDRESS PO BOX 1121 N/A
CITY-ST-ZIP ST PETERSBURG FL 33731-1121

TITLE P
NAME DAVENPORT, MICHAEL W
STREET ADDRESS P.O. BOX 515 N/A
CITY-ST-ZIP ST PETERSBURG FL

TITLE DT
NAME ORCHARD, GREG
STREET ADDRESS P O BOX
CITY-ST-ZIP ST PETERSBURG FL 33733

TITLE DS
NAME GRIFFIN, WENDY S
STREET ADDRESS 501 CENTRAL AVE SUITE 215
CITY-ST-ZIP ST PETERSBURG FL 33701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

P.O. Box 14042 Dept. H2Z
St. Petersburg, FL 33733

501 20th Ave. North
St. Petersburg, FL 33704

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GREGORY K. ORCHARD
TREASURER
727-464-7250

Daytime Phone #

CR2E037 (1/1/98)